

Public Health & Medicine

How can we Collaborate?

Chronic Disease : Opportunities for Collaboration

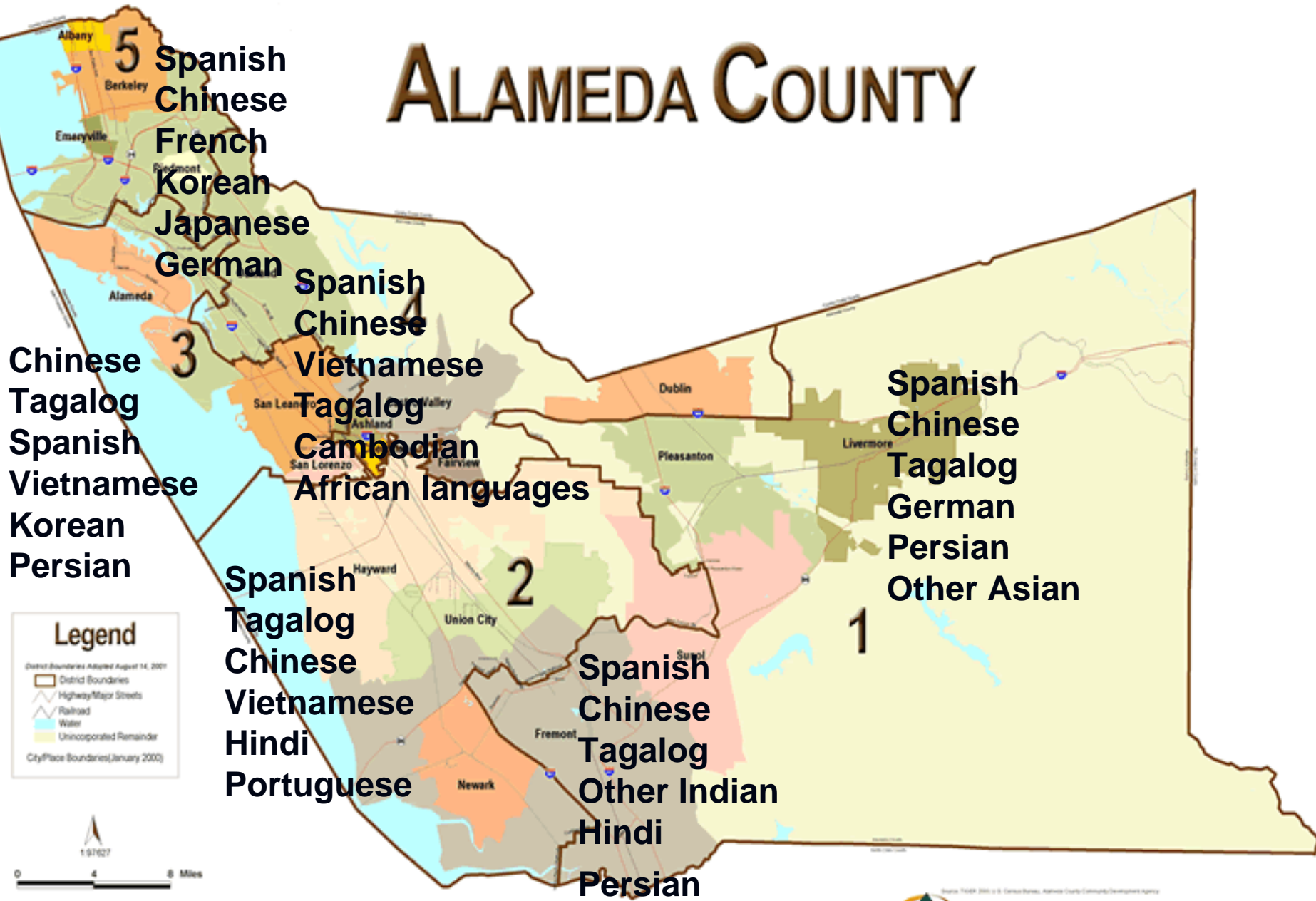
CCLHO 5/3/07

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Alliance Plan Membership

- Total membership: Nearly 89,000
- Plan manages care for 70% of the county's Medicaid managed care-eligible individuals
- Plan manages care for 50% of the county's S-CHIP enrollees

ALAMEDA COUNTY



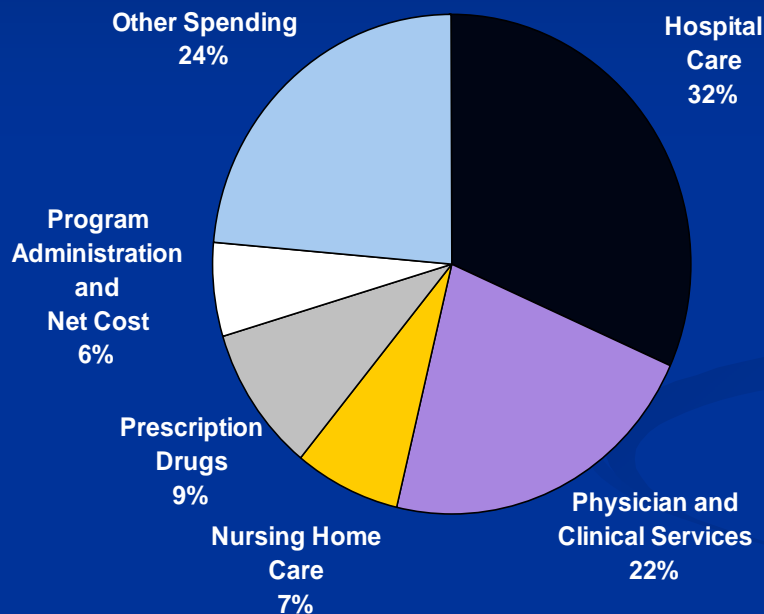
Alliance Mission Statement

The Alameda Alliance for Health is a public health plan dedicated to providing continuous, comprehensive, high quality care to the traditionally underserved children, families and individuals in Alameda County. The Alliance values member satisfaction and is committed to high standards of integrity, accountability and service to its diverse community.

The Nation's Health Dollar

CY 2000

Hospital and physician spending accounts for more than half of all health spending.



Total Health Spending = \$1.3 Trillion

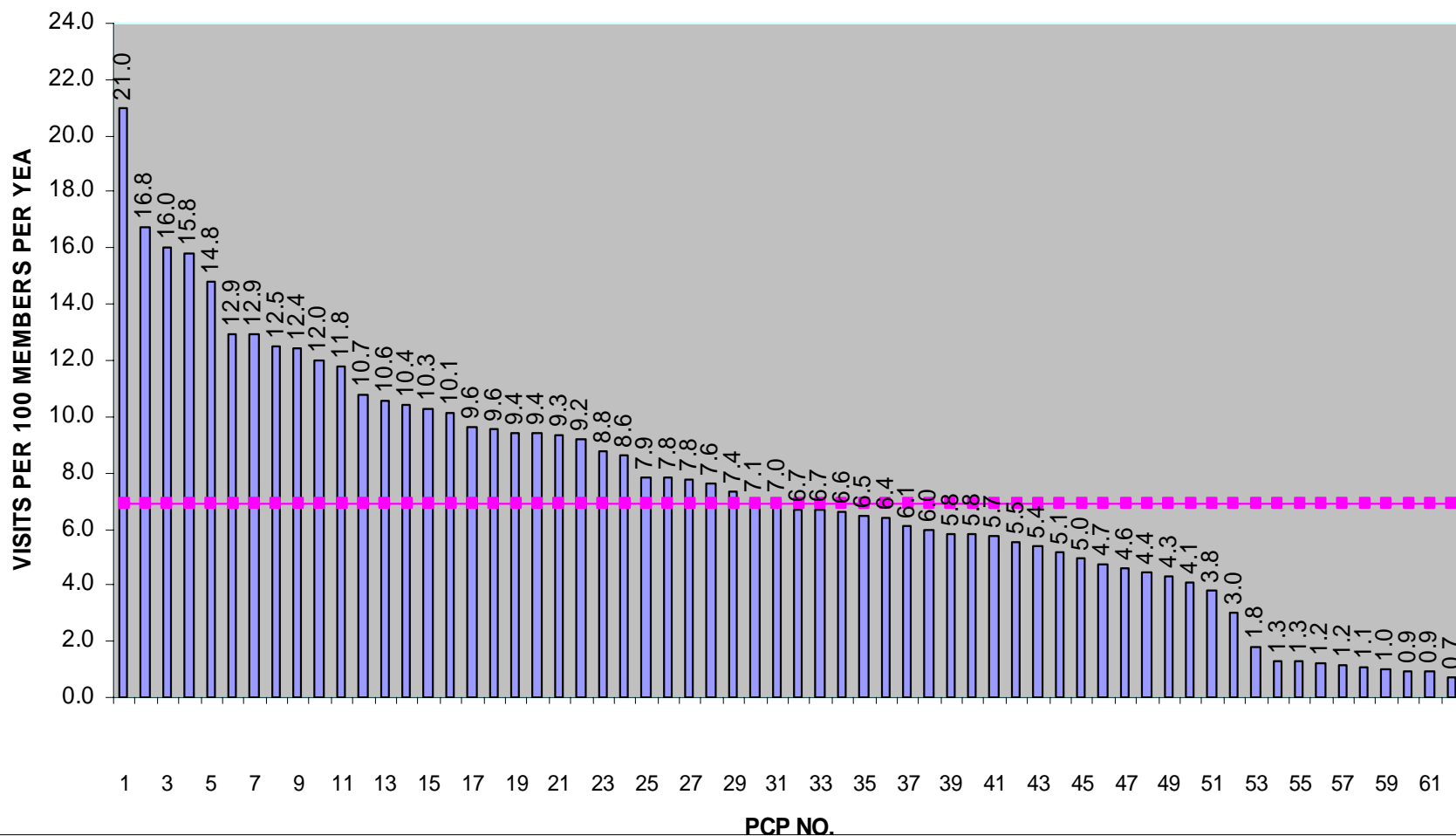
Note: Other spending includes dentist services, other professional services, home health, durable medical products, over-the-counter medicines and sundries, public health, research and construction.

Source: CMS, Office of the Actuary, National Health Statistics Group.

A Public Entity

Utilization by line of business:									
Med/Surg Average LOS	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jan 06-Jun 06	Jan 05- Jun 05	% Change
Voluntary Medi-Cal	3.5	4.7	4.1	4.9	4.8	4.5	4.4	4	8.85%
Mandatory Medi-Cal	3.1	3.2	3	3	3.6	2.9	3.1	3	2.50%
Group Care	5.2	2	2.9	4.1	5.2	2	3.6	3.3	9.64%
Healthy Families	3.7	2.4	2.9	3	2.6	2.3	2.8	2.3	21.07%
Healthy Kids	0	0	0	0	0	0	0	0	0.00%
All Lines of Business	3.3	3.4	3.2	3.5	4	3.3	3.5	3.3	6.00%
Med/Surg Days Per 1000 Members Per Year	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jan 06-Jun 06	Jan 05- Jun 05	% Change
Voluntary Medi-Cal	544.7	646.9	459.9	606.2	620.4	497.5	562.5	672	-16.30%
Mandatory Medi-Cal	181.3	173.7	154	145.6	141.9	100.2	149.6	184.2	-18.79%
Group Care	339.2	121.4	190.9	184.9	270.8	70.5	195.5	179.8	8.70%
Healthy Families	38.4	28.4	30	22.4	38.9	10.6	28.2	30.2	-6.55%
Healthy Kids	0	0	0	0	0	0	0	0	0.00%
All Lines of Business	206.4	195.8	168.3	175	181.7	124.4	175.3	204.3	-14.20%
Med/Surg Admits Per 1000 Members Per Year	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jan 06-Jun 06	Jan 05- Jun 05	% Change
Voluntary Medi-Cal	153.7	136.7	113.5	123.9	128.2	111.4	127.8	166.1	-23.10%
Mandatory Medi-Cal	59.1	54.8	50.7	48.3	39	35	47.9	60.4	-20.77%
Group Care	65.6	59.3	65.5	45.5	52.5	35.2	53.8	54.2	-0.85%
Healthy Families	10.3	11.9	10.5	7.5	15	4.5	10	12.9	-22.81%
Healthy Kids	0	0	0	0	0	0	0	0	0.00%
All Lines of Business	62	57.1	52.1	49.6	45	38.2	50.7	62.6	-19.06%

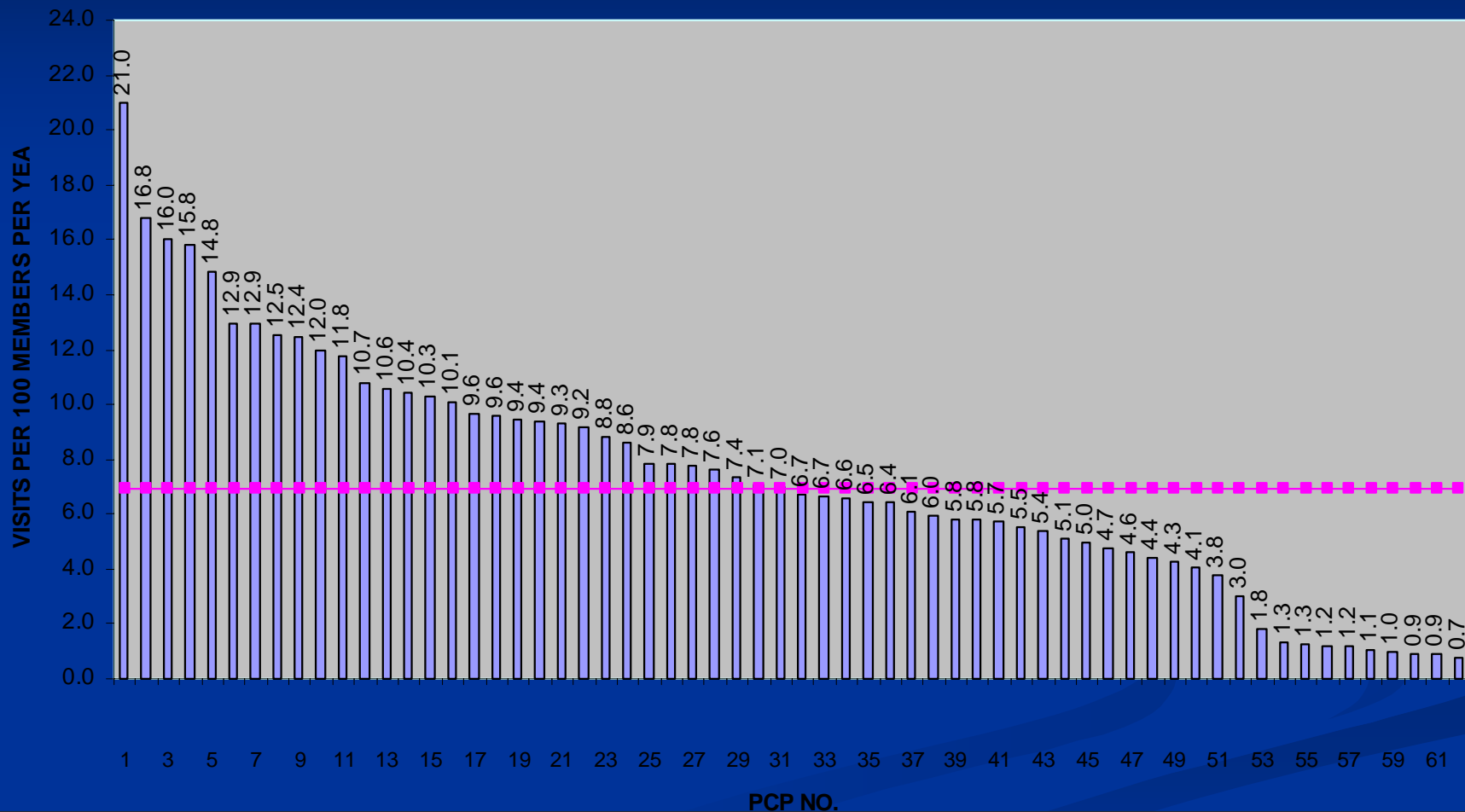
Low Acuity ER Rates Per Hundred Members Per Provider Per Year
PCPS With 100+ Average Membership
(04/01/2005 TO 03/31/2006)



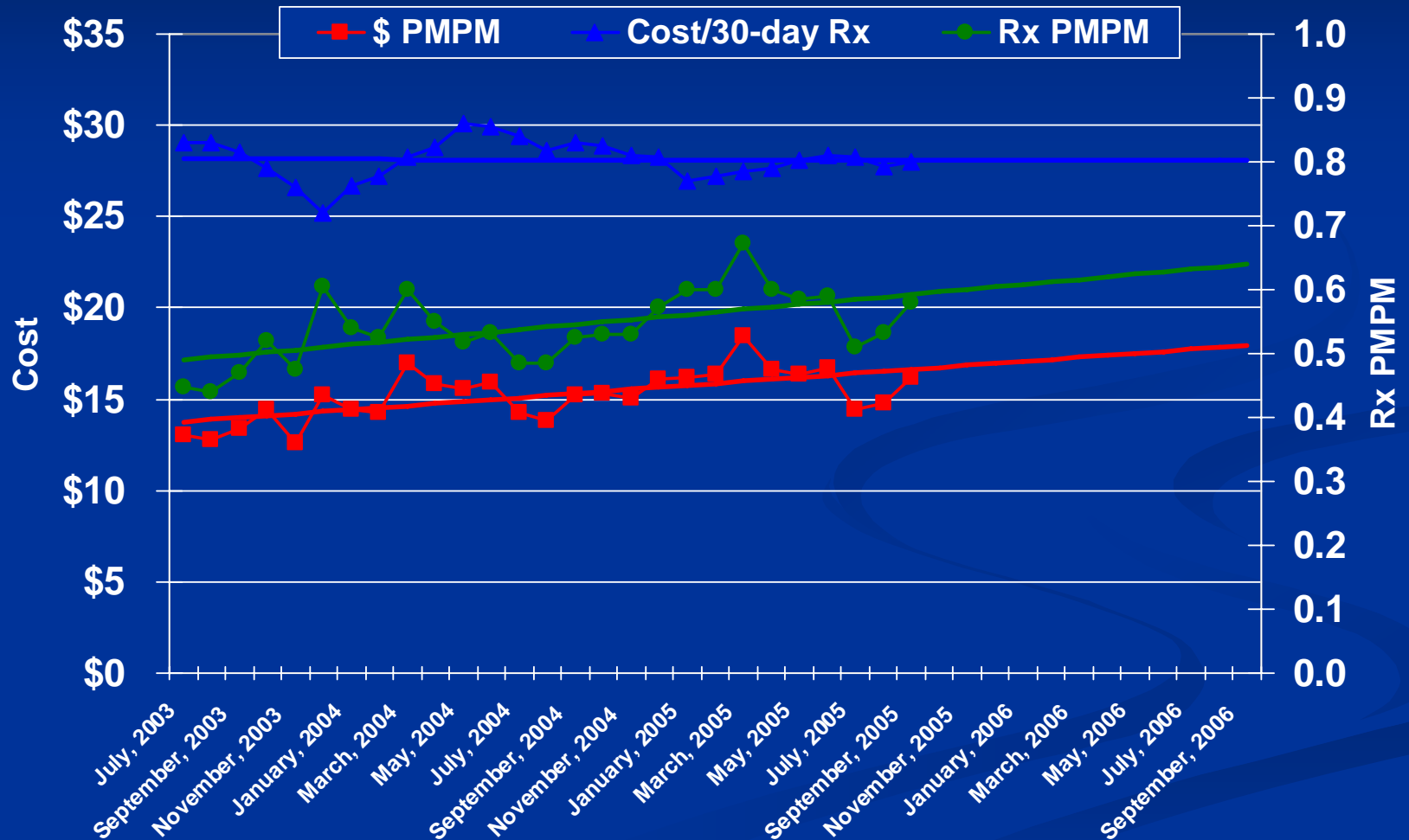
■ TOTAL VISITS/100 MEMBERS/YR

—■— MEAN (VISITS/100 MEMBERS/YR) - (6.9)

Low Acuity ER Rates Per Hundred Members Per Provider Per Year
PCPS With 100+ Average Membership
(04/01/2005 TO 03/31/2006)

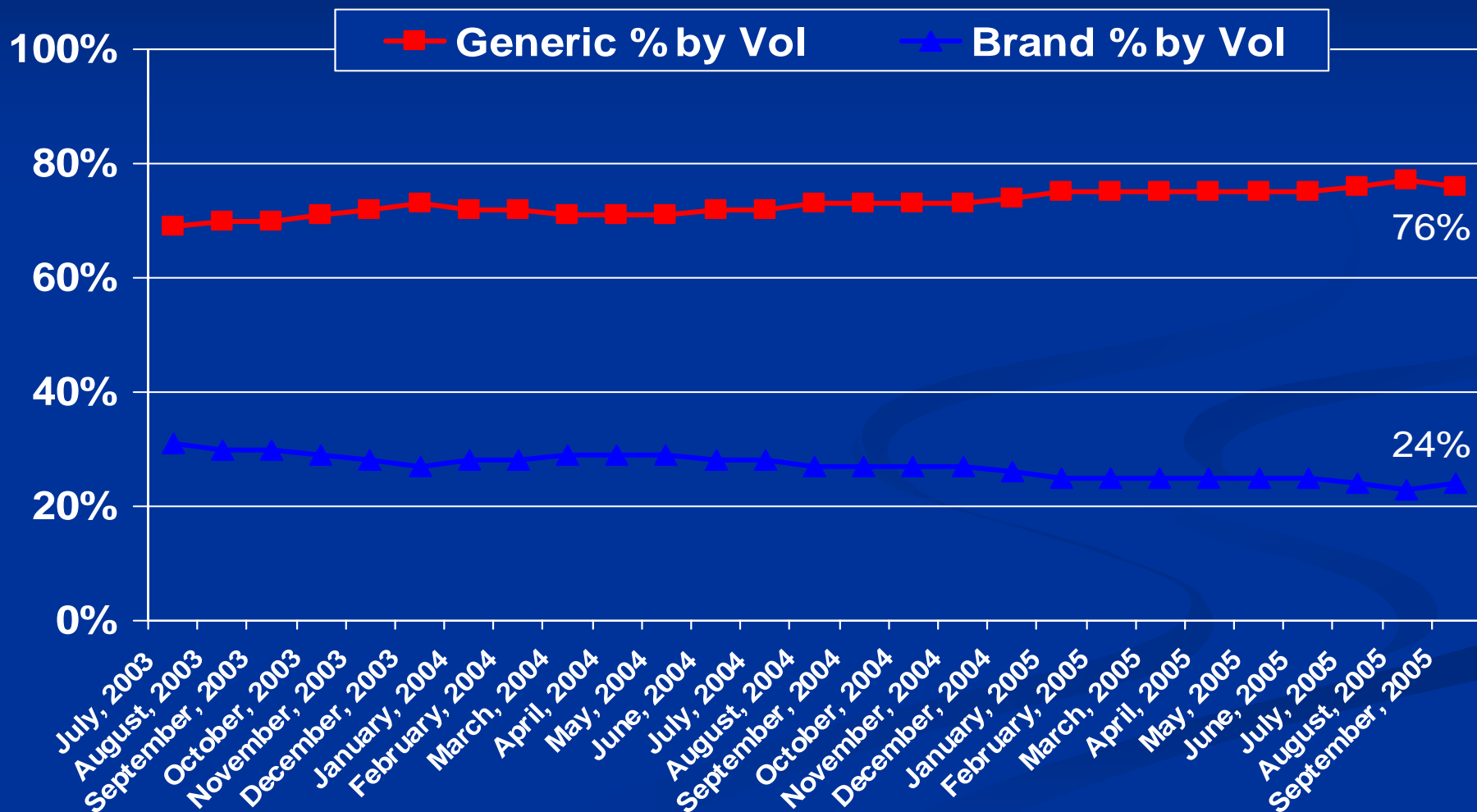


1-Year Projections: Overall

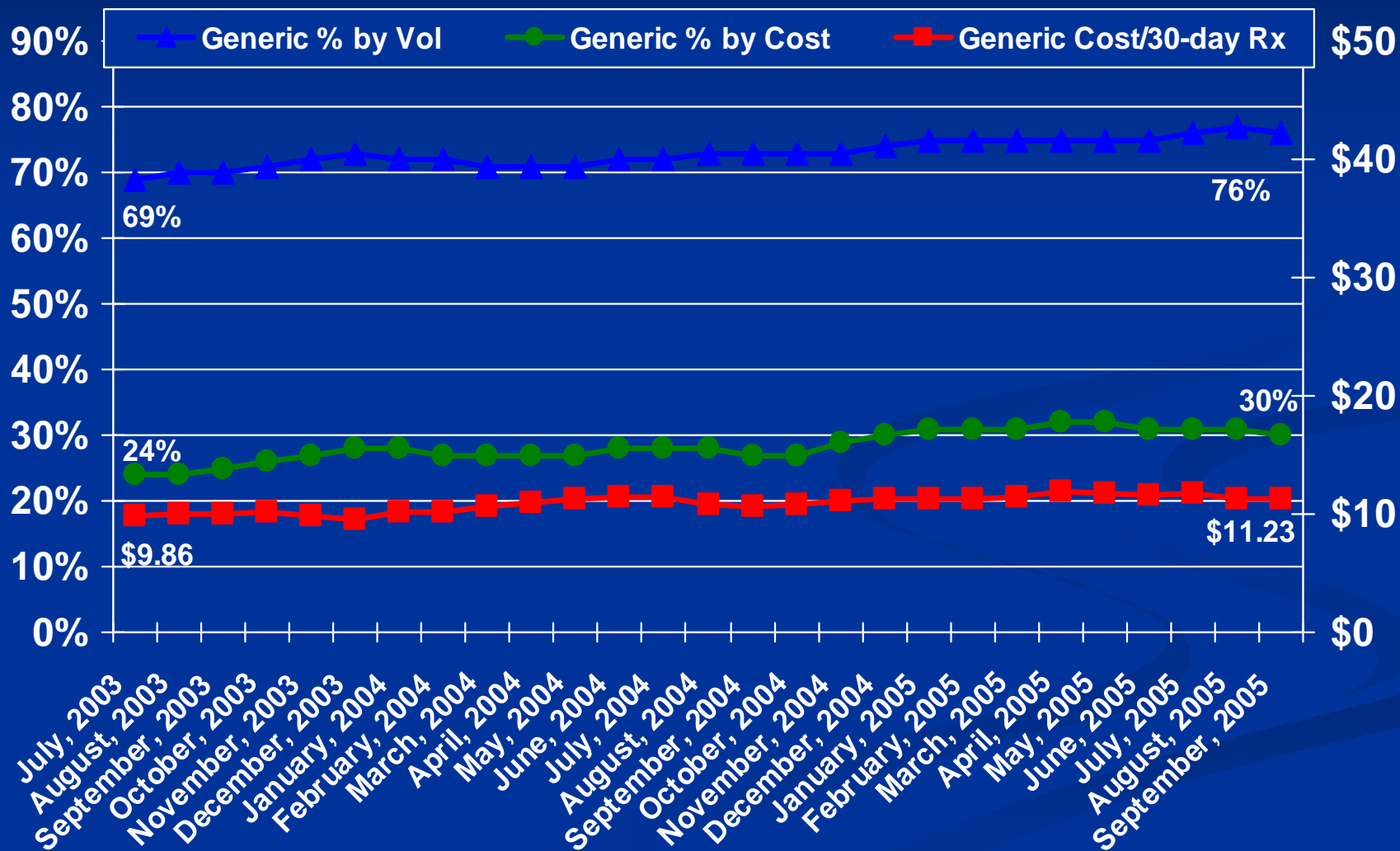


Generic vs. Brand:

% of Utilization - Overall



Generic Analysis: Overall





Top 25 Medications					
Rank	Extended Brand Drug Name	Extended Generic Drug Name	Number of Rxs	Amount Paid	Avg Cost/Rx
1	Advair diskus	Fluticasone-salmeterol	1,199	\$202,235.12	\$168.67
2	Pulmicort tu	Budesonide (inhalation)	505	\$103,554.67	\$205.06
3	Test strip	Glucose blood	1,262	\$102,331.89	\$81.09
4	Singulair	Montelukast sodium	1,089	\$102,201.09	\$93.85
5	Qvar	Beclomethasone dipropionate	1,574	\$95,204.64	\$60.49
6	Nasarel	Flunisolide (nasal)	2,298	\$94,287.70	\$41.03
7	Avandia	Rosiglitazone maleate	615	\$80,652.52	\$131.14
8	Lipitor	Atorvastatin calcium	1,193	\$71,265.80	\$59.74
9	Actos	Pioglitazone hcl	361	\$56,454.13	\$156.38
10	Mevacor	Lovastatin	2,666	\$53,134.24	\$19.93
11	Zithromax	Azithromycin	1,539	\$51,786.16	\$33.65
12	Ritalin	Methylphenidate hcl	555	\$47,656.35	\$85.87
13	Pari plastic	Respiratory therapy supplies	1,101	\$45,636.15	\$41.45
14	Proventil	Albuterol	4,595	\$45,509.69	\$9.90
15	Paxil	Paroxetine hcl	1,035	\$43,030.76	\$41.58
16	Depakote spr	Divalproex sodium	342	\$42,541.03	\$124.39
17	Zoloft	Sertraline hcl	396	\$41,296.13	\$104.28
18	Augmentin	Amoxicillin & pot clavulanate	724	\$40,449.31	\$55.87
19	Topamax	Topiramate	177	\$38,949.48	\$220.05
20	Effexor xr	Venlafaxine hcl	273	\$38,322.66	\$140.38
21	Lamictal	Lamotrigine	139	\$37,802.78	\$271.96
22	Hepsera	Adefovir dipivoxil	65	\$36,567.81	\$562.58
23	Ortho evra	Norelgestromin-ethinyl estradiol	807	\$36,398.81	\$45.10
24	Procardia	Nifedipine	730	\$35,447.05	\$48.56
25	Claritin	Loratadine	3,715	\$33,194.72	\$8.94
		<i>A Public Entity</i> Total:	28,955	\$1,575,910.69	\$2,811.93
Yellow highlight=On Formulary					

RADIOLOGY						
CLAIMS SUMMARY FOR CT SCAN, MRI, & PET SERVICES (FACILITY COST ONLY)						
SERVICES FROM 04/01/2005 TO 03/31/2006						
CPT GROUP	PCP	Spec	Other	SERVICE COUNT	TOTAL NET AMOUNT	COST PER SERVICE
CAT - ABDOMEN	534	122	127	783	\$ 288,851.57	\$ 368.90
CAT - CHEST	159	84	17	260	\$ 101,813.71	\$ 391.59
CAT - HEAD & NECK	754	76	159	989	\$ 290,994.20	\$ 294.23
CAT - LOWER EXTREMITY	3	10	2	15	\$ 4,579.98	\$ 305.33
CAT - PELVIS	499	99	120	718	\$ 261,675.11	\$ 364.45
CAT - SPINE	42	8	25	75	\$ 27,088.57	\$ 361.18
CAT - UPPER EXTREMITY	2	1	0	3	\$ 1,018.64	\$ 339.55
MRI - ABDOMEN	4	1	0	5	\$ 4,486.79	\$ 897.36
MRI - CHEST	2	0	0	2	\$ 566.66	\$ 283.33
MRI - HEAD & NECK	56	61	3	120	\$ 116,725.42	\$ 972.71
MRI - LOWER EXTREMITY	21	9	0	30	\$ 25,456.65	\$ 848.56
MRI - MISC	1	0	0	1	\$ 1,069.20	\$ 1,069.20
MRI - SPINE & PELVIS	73	29	2	104	\$ 110,476.32	\$ 1,062.27
MRI - UPPER EXTREMITY	7	4	0	11	\$ 8,954.70	\$ 814.06
PET	1	0	0	1	\$ 2,127.00	\$ 2,127.00
GRAND TOTAL	2158	504	455	3,117	\$ 1,245,884.52	\$ 399.71

HEDIS MEASURES

- Childhood IZ
- Well Baby
- Well Child
- Well Adolescent
- Chlamydia Screen
- Prenatal Care
- Post Partum Visit
- Asthma Controller
- Cholesterol
- LDL <130
- HA1C
- Diabetic Renal Eval
- Diabetic Retinal Exam
- Cervical Cancer Scrn
- Breast Cancer Scrn

Sample Preview – PCP Report

HEDIS:						
Baseline Composite HEDIS Rate	HEDIS Composite Rate - Last 12 Months (rolling)	HEDIS Composite Rate - YTD	Total HEDIS Eligible	Your Share of Total HEDIS POOL	current performance level group	current improvement group
53%	55%	58%	343	3.4%	B	not improved

HEDIS Categories YTD	Compliance	HEDIS Eligible	%Compliance
Adolescent Well Visits	32	75	43%
Appropriate Meds for Asthma	2	9	22%
Breast Cancer Screening	8	14	57%
Cervical Cancer Screening	125	175	71%
Child Immuno	0	5	0%
Chlamydia	18	37	49%
Post Partum Care	9	18	50%
Well Child Visit	6	10	60%
TOTALS	200	343	58%

Listing of Members In Need of HEDIS Service

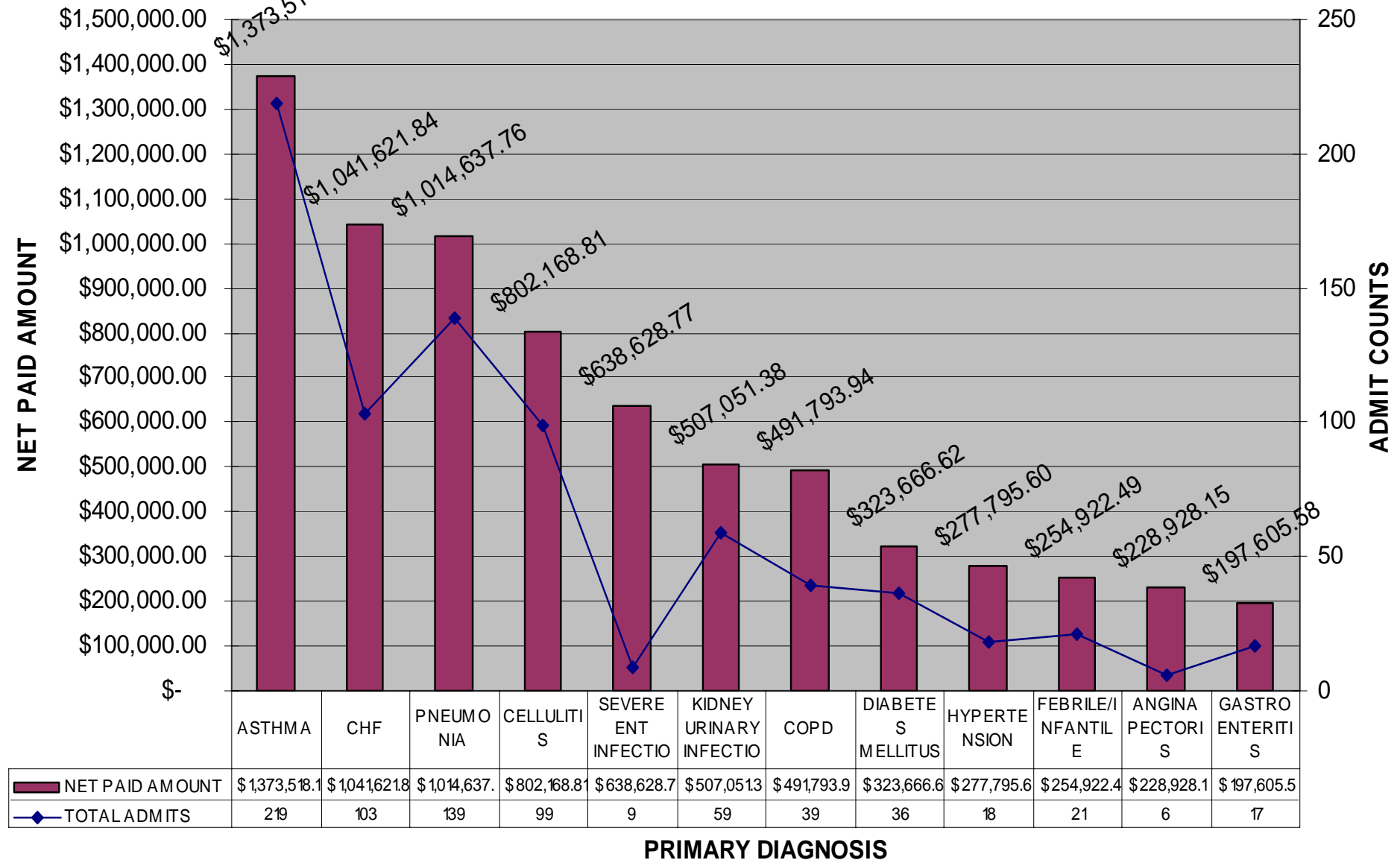
1 smith	well visit
2 jones	child immuno
3 wong	appropriate meds for asthma
4 smith	well visit
5 jones	child immuno
6 wong	appropriate meds for asthma
7 etc	etc

Primary Care Can Make a Difference

- Non-Emergent ER Utilization
 - We spend \$465K on non-emergency ER-care
- Ambulatory Care Sensitive Conditions
 - We spend \$5M on potentially preventable admissions
 - There are 500 ACSC Hospital Admissions
 - If we prevent just 25 admissions, this is a 5% improvement

TOP 12 AMBULATORY CARE SENSITIVE CONDITIONS (ACSC) ACUTE ADMISSIONS

INPATIENT SERVICES FROM 04/01/05 - 03/31/06



Alliance Program is Aligned with AMA's Five Principles for P4P Programs:

1. Ensure quality of care
2. Foster patient-physician relationship
3. Voluntary physician participation
4. Accurate data and fair reporting
5. Fair and equitable program incentives

Alameda Alliance Asthma Database

Reports | Labels | Data Updates

Note: All the reports below generate data on currently active asthmatics.

Rosters/Lists



New Asthmatics Export File



All Asthmatics Export File



Reports for Providers Listing NEW Athmatics



Reports for Providers Listing ALL Asthmatics



Reports for High-Acuity Individuals



High-Risk Asthmatics



Asthmatics w/ >=8 Scripts for Beta Agonists

Summary Statistics



Race x Acuity Type: All Asthmatics



Language x Acuity Type: All Asthmatics



ZIP Code x Acuity Type: All Asthmatics



PCP x Acuity Type: All Asthmatics



PCP x Acuity Type: New Asthmatics



Counts of Athmatics by Month and Acuity Type



Counts of Athmatics by Age Group and Race

Asthma Claims Profiling by Individual

Click a button and enter the member ID and timeframe if you wish to review in the boxes that appear.



Entire Asthma-Related Claims History.



Types of Claims by Month.

Click to Exit Database:



More Criteria & Standards

- Modified HEDIS standards used to define a persistent asthmatic:
 - 1 Inpatient Admission*
 - 1 ER Encounter *
 - 4 Outpatient Encounters **PLUS** Two Medication Dispensing Events for Asthma Drugs
 - 4 Medication Dispensing Events for Asthma Drug
- Encounter types defined by place-of-service
- Members meeting criteria remain in database as long as eligible w/ plan

Active Asthmatics by Race

An "Acuity Type" designation of "Inpatient" indicates that a member experienced at least 1 asthma-related inpatient stay during the designated 12-month period. "ER" indicates s/he experienced at least 1 asthma-related ER encounter but no inpatient stays during that same period. "Outpatient/Rx" indicates that the member experienced either of the following: at least 4 outpatient encounters plus two or more asthma medication dispensing events OR 4 asthma medication dispensing events.

<i>ETHNICITY</i>	<i>Total Members</i>	<i>Total Asthmatics</i>	<i>Rate/1000</i>	<i>ACUITY TYPE COUNTS</i>			<i>ACUITY TYPE GROUP %</i>		
				<i>Inpatient</i>	<i>ER</i>	<i>Outpatient/Rx</i>	<i>Inpatient</i>	<i>ER</i>	<i>Outpatient/Rx</i>
Black	28439	2658	93.5	265	702	1691	10.0%	26.4%	63.6%
Chinese	6168	128	20.8	6	9	113	4.7%	7.0%	88.3%
Korean	228	1	4.4	0	0	1	0.0%	0.0%	100.0%
Amerasian	19	1	52.6	0	0	1	0.0%	0.0%	100.0%
Hawaiian	29	2	69.0	0	1	1	0.0%	50.0%	50.0%
Unknown	2340	245	104.7	29	46	170	11.8%	18.8%	69.4%
Asian Indian	984	39	39.6	1	9	29	2.6%	23.1%	74.4%
Guamanian	40	3	75.0	0	0	3	0.0%	0.0%	100.0%
Japanese	80	3	37.5	0	1	2	0.0%	33.3%	66.7%
Laotian	928	64	69.0	4	3	57	6.3%	4.7%	89.1%
Other Asian/Pacific Islander	6187	297	48.0	19	38	240	6.4%	12.8%	80.8%
Vietnamese	7318	293	40.0	22	32	239	7.5%	10.9%	81.6%
AAH Unknown	130	5	38.5	0	3	2	0.0%	60.0%	40.0%
Alaskan Native/American Indian	227	16	70.5	1	6	9	6.3%	37.5%	56.3%
Cambodian	1725	94	54.5	8	13	73	8.5%	13.8%	77.7%
Filipino	1587	96	60.5	8	16	72	8.3%	16.7%	75.0%
Hispanic	25621	1335	52.1	124	353	858	9.3%	26.4%	64.3%
Other	543	21	38.7	1	2	18	4.8%	9.5%	85.7%
Samoan	181	17	93.9	4	7	6	23.5%	41.2%	35.3%
White	12214	799	65.4	39	164	596	4.9%	20.5%	74.6%
Totals	94988	6117	64.4	531	1405	4181	8.7%	23.0%	68.4%

Alameda Alliance: Active Asthmatics x Age Group and Race

ETHNICITY	<i>Asthmatic Member Counts x Age Group</i>					<i>Rate/1000 of Total Pop x Age Group</i>			
	Total	0-5 Yrs	6-12 Yrs	13-19 Yrs	>=20 Yrs	0-5 Yrs	6-12 Yrs	13-19 Yrs	>=20 Yrs
AAH Unknown	5	0	1	0	4	0	200	0	43
Alaskan Native/American Indian	16	3	4	2	7	77	66	50	80
Amerasian	1	0	0	0	1	0	0	0	200
Asian Indian	37	11	7	5	14	46	46	32	32
Black	2598	662	696	572	668	125	103	96	64
Cambodian	92	19	32	30	11	66	89	52	22
Chinese	124	31	44	13	36	34	49	14	10
Filipino	92	33	25	9	25	81	80	37	40
Guamanian	3	0	2	0	1	0	167	0	67
Hawaiian	2	0	1	0	1	0	83	0	100
Hispanic	1290	556	420	145	169	57	60	40	32
Japanese	3	1	0	0	2	67	0	0	56
Korean	1	1	0	0	0	18	0	0	0
Laotian	63	4	20	28	11	73	127	69	35
Other	21	1	0	0	20	100	0	0	38
Other Asian/Pacific Islander	283	56	71	31	125	52	37	20	76
Samoan	17	11	1	3	2	256	22	81	36
Unknown	236	72	59	21	84	132	82	56	120
Vietnamese	277	47	83	47	100	58	60	26	31
White	769	126	148	125	370	58	63	59	66
Totals	5930	1634	1614	1031	1651	75.28	72.76	57.70	49.68
		27.6%	27.2%	17.4%	27.8%				

Asthmatics by ZIP Code: Top 25 ZIPs by Number of Asthmatics

An "Acuity Type" designation of "Inpatient" indicates that a member experienced at least 1 asthma-related inpatient stay during the designated 12-month period. "ER" indicates s/he experienced at least 1 asthma-related ER encounter but no inpatient stays during that same period. "Outpatient/Rx" indicates that the member experienced either of the following: at least 4 outpatient encounters plus two or more asthma medication dispensing events OR 4 asthma medication dispensing events.

ZIP	CITY	Rate/1000	Total Members	Total Asthmatics	ACUITY TYPE COUNTS			ACUITY TYPE %		
					Inpatient	ER	Outpatient/Rx	Inpatient	ER	Outpatient/Rx
94609	OAKLAND	111	1684	187	21	52	114	11.2%	27.8%	61.0%
94702	BERKELEY	106	965	102	4	16	82	3.9%	15.7%	80.4%
94703	BERKELEY	83	1003	83	4	23	56	4.8%	27.7%	67.5%
94604	OAKLAND	81	1321	107	15	44	48	14.0%	41.1%	44.9%
94621	OAKLAND	77	4782	367	43	76	248	11.7%	20.7%	67.6%
94608	OAKLAND	72	2608	189	26	64	99	13.8%	33.9%	52.4%
94612	OAKLAND	72	1113	80	14	22	44	17.5%	27.5%	55.0%
94603	OAKLAND	72	4774	343	57	75	211	16.6%	21.9%	61.5%
94605	OAKLAND	70	4357	303	32	74	197	10.6%	24.4%	65.0%
94602	OAKLAND	69	2163	149	10	35	104	6.7%	23.5%	69.8%
94607	OAKLAND	65	3849	250	16	52	182	6.4%	20.8%	72.8%
94619	OAKLAND	62	1858	116	12	19	85	10.3%	16.4%	73.3%
94541	HAYWARD	61	4744	288	20	66	202	6.9%	22.9%	70.1%
94601	OAKLAND	59	8231	483	52	92	339	10.8%	19.0%	70.2%
94578	SAN LEANDRO	58	3021	176	9	43	124	5.1%	24.4%	70.5%
94544	HAYWARD	58	6326	364	26	98	240	7.1%	26.9%	65.9%
94545	HAYWARD	55	1734	96	4	20	72	4.2%	20.8%	75.0%
94587	UNION CITY	55	4511	249	13	64	172	5.2%	25.7%	69.1%
94501	ALAMEDA	54	3953	214	13	39	162	6.1%	18.2%	75.7%
94606	OAKLAND	53	7058	377	32	74	271	8.5%	19.6%	71.9%
94577	SAN LEANDRO	52	2452	128	10	29	89	7.8%	22.7%	69.5%
94560	NEWARK	52	2216	115	3	29	83	2.6%	25.2%	72.2%
94538	FREMONT	48	3187	153	6	28	119	3.9%	18.3%	77.8%
94536	FREMONT	41	2747	112	6	26	80	5.4%	23.2%	71.4%
94608	EMERYVILLE	36	2608	95	7	20	68	7.4%	21.1%	71.6%

Thursday, September 16, 2004



Member :
 Birthday:
 Subscriber #:
 Time Frame:

Hi-Risk Asthmatic Profile

ACMC HIGHLAND OUTPATIENT
 1411 EAST 31ST STREET

A high-risk asthmatic is an individual who had either an asthma related inpatient stay or ER encounter at any point since 1/1/2002. The word "New" appears next to inpatient and ER dates of services if that encounter took place since the data was last refreshed.

NOTE: Active members designated as high-risk who have not had any additional claims during the designated period will not appear on these reports.

Asthma Related Encounters

Inpatient (12 Mo. Period)

ER (12 Mo. Period)

**Outpatient
(6 Mo. Period)**

Date of Service

New 6/7/2004
 2/11/2004
 2/10/2004

Date of Service

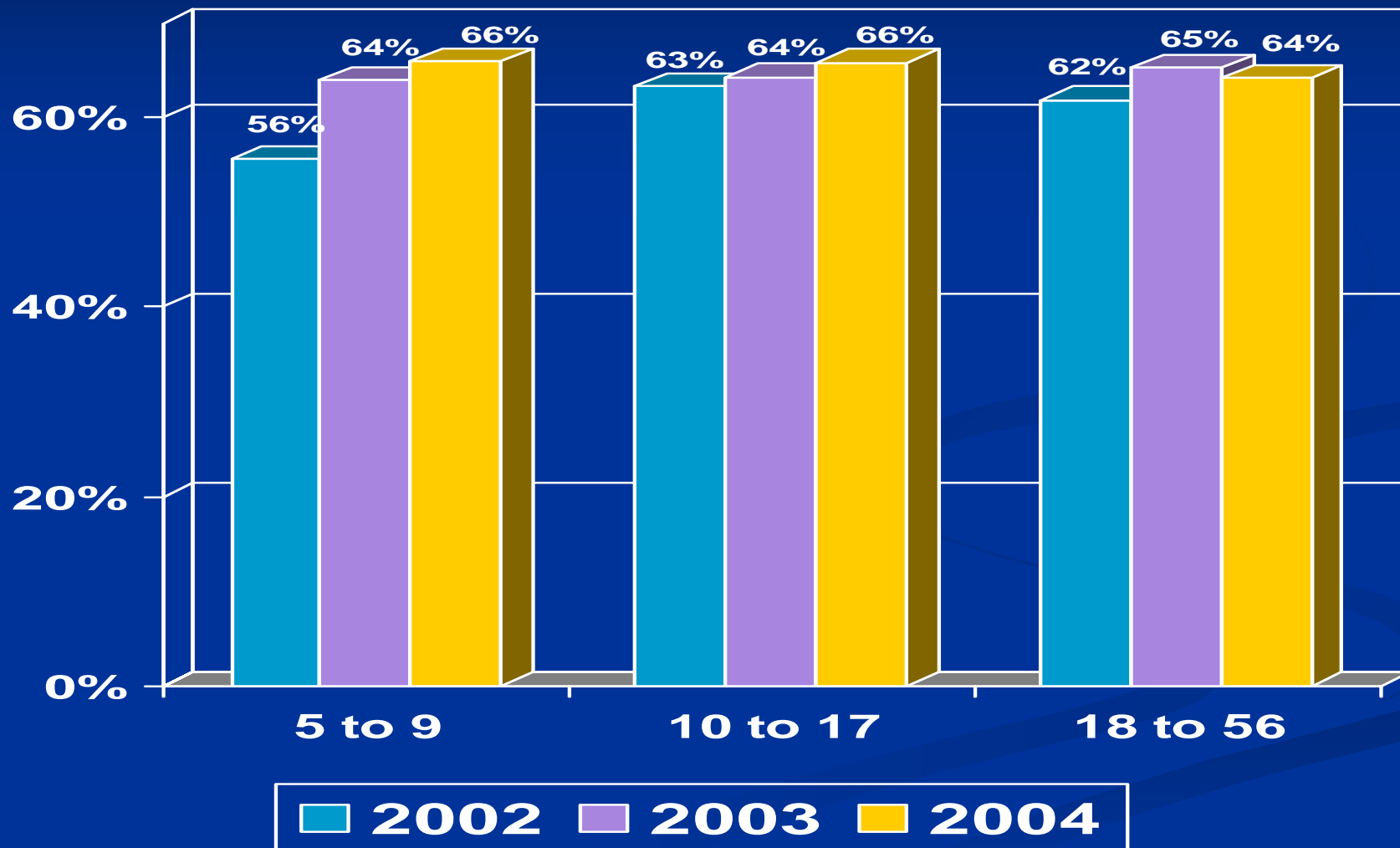
3/26/2004
 1/13/2004

6-Month Asthma-Related Medication History

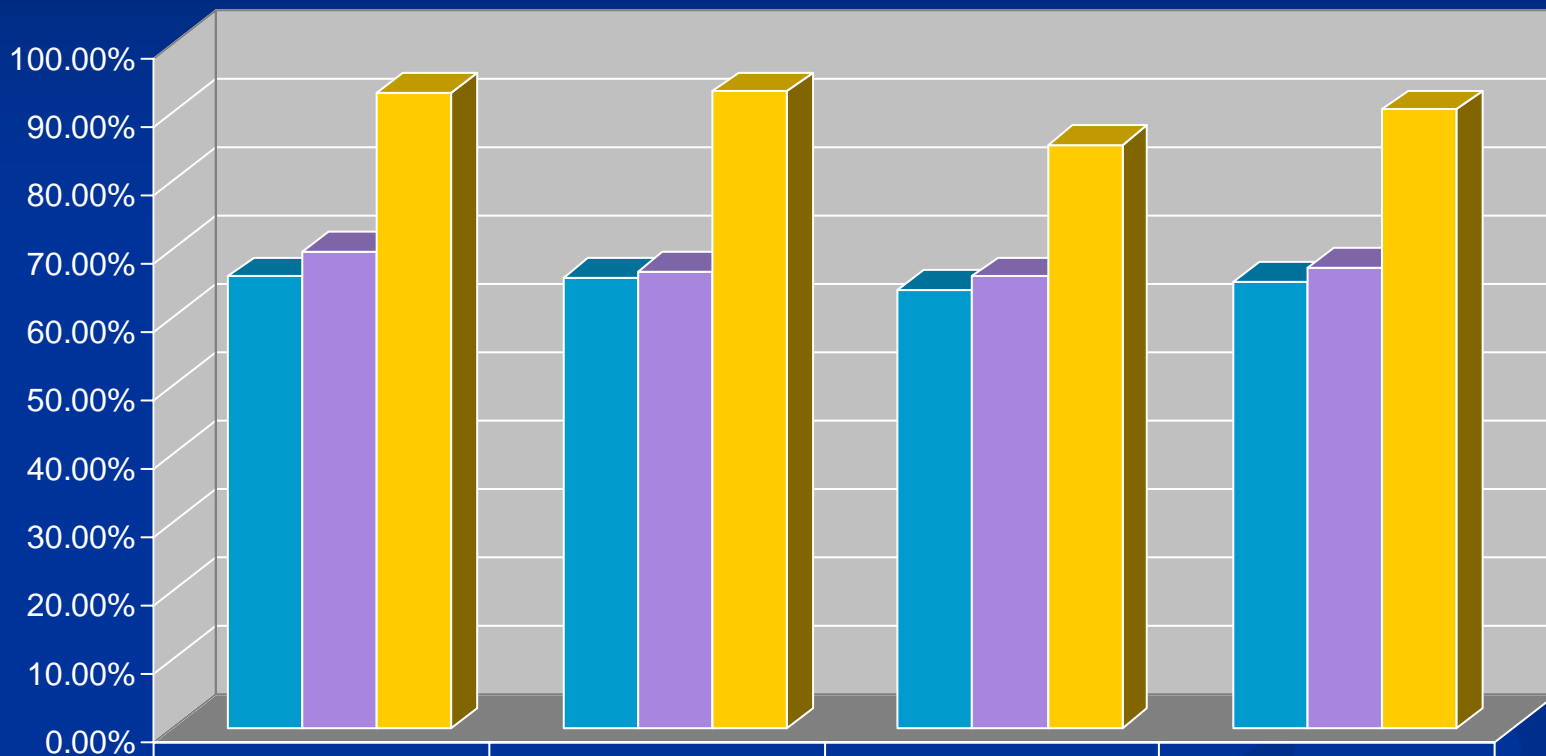
<i>Controller Flag</i>	<i>Script Date</i>	<i>Medication</i>	<i>Prescriber</i>	<i>DEA #</i>
	1/17/2004	Albuterol Sulfate	DEMETRA, PANOMETROS MD	BP7347671
Controller	3/29/2004	Pulmicort Respules	DEMETRA, PANOMETROS MD	BP7347671
	3/29/2004	Albuterol Sulfate	DEMETRA, PANOMETROS MD	BP7347671

Alliance HEDIS

Asthma Results Over Time



Asthma: 3-year Trends by Age



	5-9	10-17	18-56	5-56
■ HEDIS 2004	65.99%	65.89%	64.19%	65.34%
■ HEDIS 2005	69.77%	66.76%	66.05%	67.36%
■ HEDIS 2006	93.01%	93.13%	85.37%	90.41%

Lessons Learned

- PH Knowledge and skills are still important
- Business knowledge, planning and project management skills are equally important
- Team building is still important
- Leadership challenge:
 - Build new partnerships
 - promote understanding the strengths of both
 - Promote Team building
 - Focus on understanding “the customer”
 - Link operational challenges to upstream policy

Recommendations

- Mine PH Staff/Allies/consults for the best:
 - team-players
 - MBA-types
 - Program staff
- Set team/learning expectations
- Pick an overlapping ROI concern/goal (e.g. HEDIS, avoidable hospitalizations)
- Develop business plan (“project”, outcomes)
- Present and begin negotiations with MCO’s
 - Public Health brings Assets to the table

10 Essential Services - 1994

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts.

10 Essential Services (cont'd)

- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

What Alameda Alliance Can Do

“Building Healthy Communities
One Family at a Time”

5 Ways AAH Can Help Address Social Determinants

1. Partner with Alameda County to develop creative ways to insure the 140,000 uninsured adults (possibly developing a mainstream plan that could be offered to county, city, and school district employees as an option).
2. Work more closely with School-based health centers to facilitate their being designated as primary care providers for adolescents.

Children's Health Care Expansion

- The Initiative would:
 - Ensure that more than 800,000 children up to age 19 have access to affordable health insurance
 - Apply to undocumented children
 - Make it easier for families to enroll and keep their children enrolled
 - Paperwork simplification, streamlined enrollment and renewal processes
 - Create the Healthy Kids Oversight and Accountability Commission
- Expansion would appear as one program to the applicant, with coordination on the back end by Medi-Cal and Healthy Families.

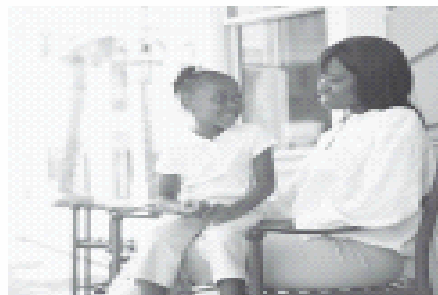
Map of Local & Regional CHIs Across the State



5 Other Ways AAH Can Help Address Social Determinants

3. Support efforts to develop universal Pre-K systems in high need cities throughout the county.
4. Support the viability and accountability of the Alameda County Medical Center.
5. Work directly with the ACPHD to ensure that Medical providers are participating in the statewide immunization registry.

Bay Area Regional Immunization Registry Information



**Notice To Patient
Or Parent/Guardian
On Immunization
Record Sharing
With The Registry
(as required by
Health and Safety
Code Section 120440)**

Keeping track of your child's vaccines is easy now that we have the Bay Area Regional Immunization Registry.

What is a registry?

- The registry is a computer system that can track the shots that are given to every child in the county.
- Doctors, schools, day care, WIC and Public Health can access the registry.

How does a registry help me?

- Schools and doctor offices/clinics have up to date information about your child's immunization history so your child won't get extra shots that he doesn't need.
- The Registry can print the yellow immunization card for you.
- Provides schools with the proof of your child's immunizations.

We will give some information about your child to the Alameda County Immunization Registry. The types of information we give are:

- Name
- Address
- Sex
- Date of Birth
- Types and dates of shots your child had in the past

The information in the registry will be used by doctors, clinics, Public Health to:

- Keep an exact record of your child's immunizations
- Decide which vaccines your child needs

If you want to be part of the registry you don't have to do anything. If you do not want to be part of the registry it is your right to tell us not to share information. Call us at 510-879-8138. You should contact us within 14 days of receipt of this notice if you do not want us to share your child's information.

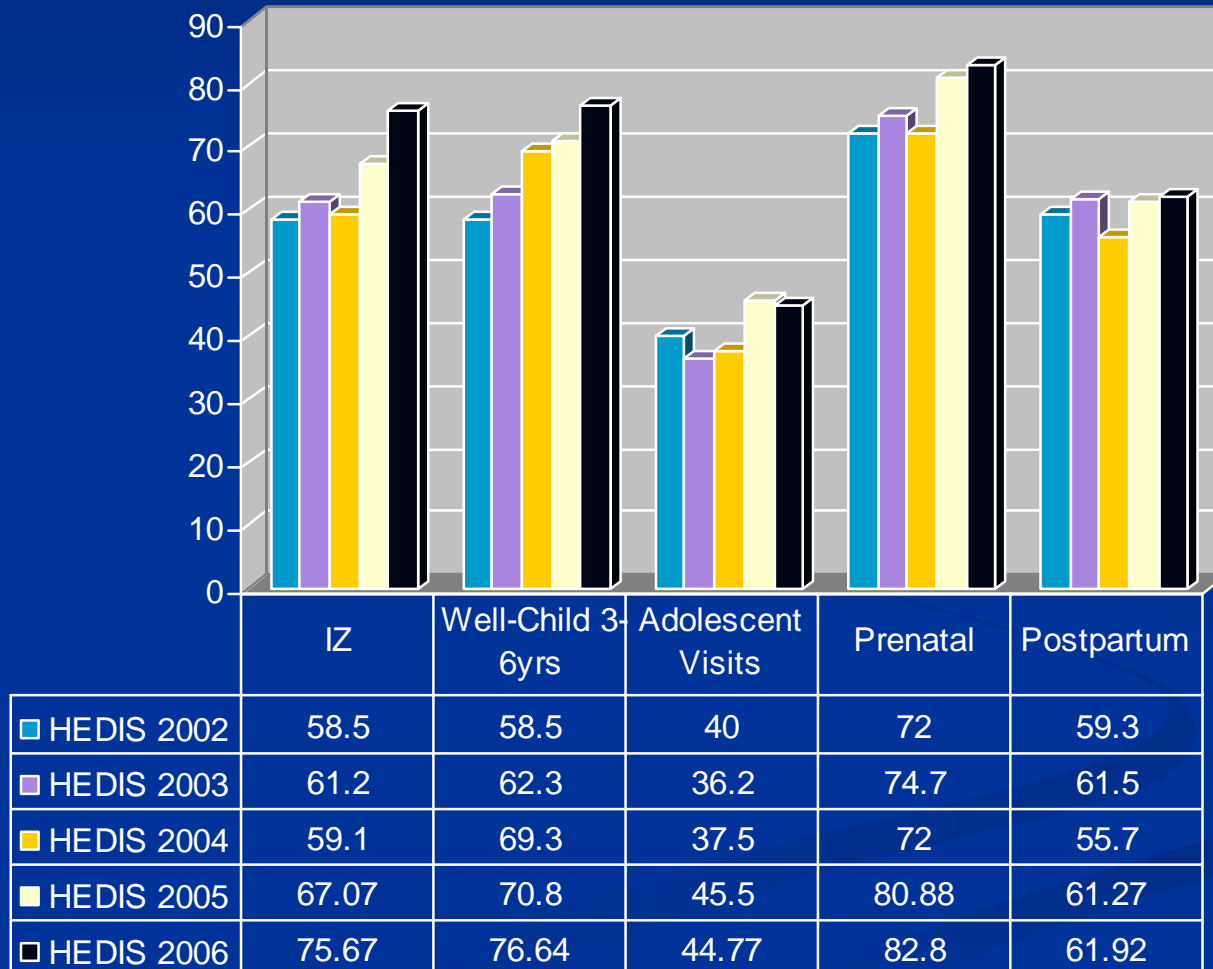
Groups in charge of immunization information:

Alameda County Public Health
1000 Broadway, Suite 500, IAP
Oakland, CA 94607

Santa Clara Public Health
976 Lenzen Ave., Room 1216
Santa Clara, CA 95126

PCPNAME	Address1	City	State	ZipCode	PhoneNumber1	FaxNumber	0-5 YRS	6-10 YRS	11-15 YRS	16-19 YRS	>=20
AARTI KULSHRESTHA MD	1650 Walnut St	Berkeley	CA	94709	(510) 848-2555	(510) 848-3109	10	6	5	1	
ADULT MEDICAL SERVICES AT	275 14TH ST	OAKLAND	CA	94612	5109868688	5109868681					38
ALAMEDA FAMILY PHYSICIANS	2433 CENTRAL AVE	ALAMEDA	CA	94501	5105212300	5105217947	2	9	6	13	106
ALAMEDA PEDIATRIC ASSOC	1332 PARK ST #202	ALAMEDA	CA	94501	5105233417	5105236480	132	114	115	77	3
CLINI	10615 INTERNATIONAL BLVD	OAKLAND	CA	94603	5105689230	5105680753	107	59	32	35	178
AMY HALJO MD	5400 Telegraph Avenue	Oakland	CA	94618	510/428-3387	510/428-3170			1		
AMY MANDEL MD	5220 Claremont Ave	Oakland	CA	94618	510 428-3129	510 547-2702	28	7	13	1	1
AMY MANDEL MD	747 52nd St	Oakland	CA	94609	510-428-3522	510-450-5696	28	7	13	1	1
AN T PHAM MD	600 International Blvd #102	Oakland	CA	94606	510 208-3540	510 208-3553	310	204	145	62	1
ANNEMARY FRANKS MD	1650 Walnut St	Berkeley	CA	94709	(510) 848-2555	(510) 848-3109	5		2		
ARNOLD BLUSTEIN MD	1235 Harrison St	San Leandro	CA	94577	(510) 352-2425	(510) 352-6273	50	53	29	19	
ASIAN HEALTH SERVICES	818 WEBSTER ST	OAKLAND	CA	94607	5109866800	5109866896	974	876	928	715	2638
AVIS E LOGAN MD	3100 Telegraph Ave #2102	Oakland	CA	94609	(510) 286-8160	(510) 286-8158	15	13	15	31	231
AXIS COMMUNITY HEALTH	4361 RAILROAD AVE	PLEASANTON	CA	94566	9254621755	9259310712	141	71	68	46	297
AXIS COMMUNITY HEALTH	3311 PACIFIC AVE	LIVERMORE	CA	94550	9254621755	9259310712	61	52	44	22	145
AYANNA S BENNETT MD	4180 Park Blvd	Oakland	CA	94602	510-530-5437	510-530-9703	1		1		
BARBARA STAGGERS MD	5400 Telegraph Avenue	Oakland	CA	94618	510/428-3387	510/428-3170	10	27	105	138	14
BAYSIDE MEDICAL GROUP INC	2500 CENTRAL AVE	ALAMEDA	CA	94501	5105238162	5108652532	105	106	130	60	
BAYSIDE MEDICAL GROUP INC	FLOOR	OAKLAND	CA	94609	5104525231	5108696679	452	272	228	115	8
BAYSIDE MEDICAL GROUP INC	#240	PLEASANTON	CA	94588	9254631234	9254639599	289	162	130	51	
BAYSIDE MEDICAL GROUP INC	590 YGNACIO VALLEY ROAD	CREEK	CA	94596	9259334363	9259337023	1	2	2	1	1
BAYSIDE MEDICAL GROUP INC	2160 APPIAN WAY, SUITE 100	PINOLE	CA	94564	5107248300	5107248391	1	3	1	1	
BAYSIDE MEDICAL GROUP INC	1134 MURRIETTA AVE	LIVERMORE	CA	94550	9254497795	9254497953	176	83	54	17	
BENJAMIN N KING MD	1650 Walnut St	Berkeley	CA	94709	(510) 848-2555	(510) 848-3109	4	1			
BRIAN BLAISCH MD	2700 International Blvd. #11	Oakland	CA	94601	510/533-1248	510/865-2532	72	73	119	50	4
BRIAN BLAISCH MD	10850 MacArthur Blvd #303	Oakland	CA	94605	(510) 568-5651	(510) 568-8026	72	73	119	50	4
BRUCE E THOMPSON MD	6105 San Pablo Ave	Oakland	CA	94608	(510) 658-7660	(510) 658-5138	7	7	17	25	229
BRUCE GACH MD	5575 W Las Positas Blvd #340	Pleasanton	CA	94568	(925) 847-9777	(925) 847-9754	35	24	22	14	1
BRUCE GACH MD	1133 E Stanley Blvd #103	Livermore	CA	94550	925-455-5050	925-455-5084	35	24	22	14	1
CAREN ANN VANCE MD	20101 B Lake Chabot Rd	Castro Valley	CA	94546	510-581-1446	510-581-1805	26	8	2	3	
CAROL GLANN MD	5461 Foothill Blvd	Oakland	CA	94601	(510) 532-0918	(510) 532-0956	267	189	96	43	
CHARLES WOODARD MD	2160 Appian Way #100	Pinole	CA	94564	(510) 724-8300	(510) 724-8391				1	
CHARLES WOODARD MD	1359 Park Avenue	Alameda	CA	94501	510/5238162	510/865-2532				1	
CHARLES WOODARD MD	2500 Central Ave	Alameda	CA	94501	(510) 523-8162	(510) 865-2532				1	
CHARLES WOODARD MD	3100 Telegraph Ave 2nd Floor	Oakland	CA	94609	(510) 452-5321	(510) 869-6679				1	
CLAIR SEGUI MD	46690 Mohave Dr	Fremont	CA	94539	510-651-2371	(510) 651-0380	12	6	4	2	34
CLAIR SEGUI MD	35500 Dumbarton Court	Newark	CA	94560	510-797-7535	(510) 797-0236	12	6	4	2	34
CLINICA ALTA VISTA	#600	OAKLAND	CA	94601	5105354230	5105354019	81	13	33	68	33
CUONG T VU MD	412 8TH ST #8	OAKLAND	CA	94607	5104524690	5104524805	27	61	114	115	8

Medi-Cal Five Year Trend Data



Federally Adopted Guidance and Standards CLAS (Partial List)

- Workforce diversity
- Staff training
- Interpreter services
- Translation of materials
- Organizational framework
- Performance monitoring
- Data collection and analysis by race/ethnicity and language
- Community needs assessment
- Community partnerships
- Grievance and reporting

CLAS Criterion Rating Indicator

4 = EXCELLENT

Best Practice Implementation

3 = GOOD

Implementation is Limited in Scope

2 = FAIR

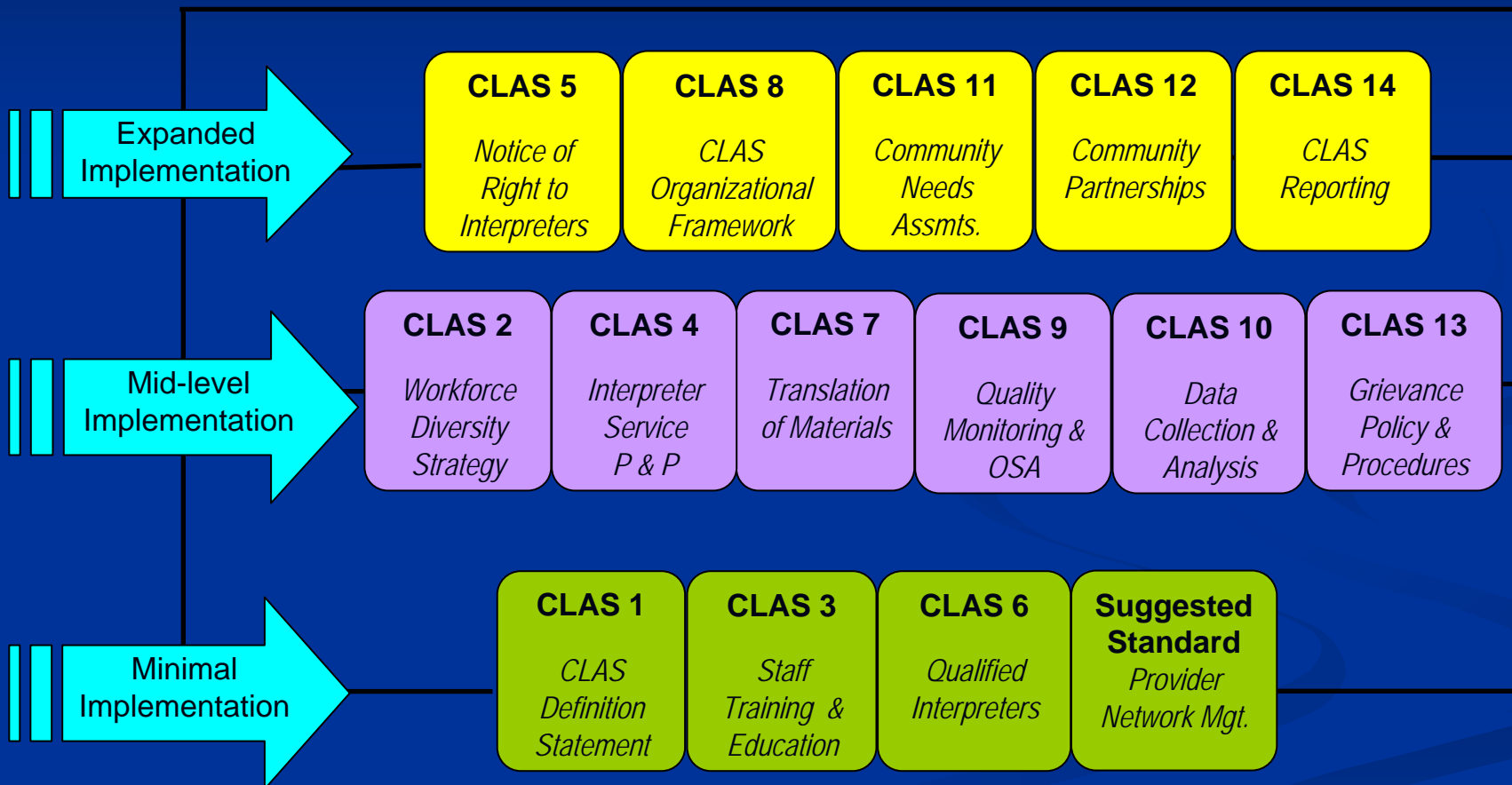
Planning or Minimal Implementation

1 = POOR

Absent or Not Implementing

CLAS Standards

Degrees of Alliance's Implementation



The Alliance did not receive any “no implementation” ratings.

A Public Entity

ACCLAH's Accomplishments

- Bridging diverse constituents
- Documenting the problem
- Identifying available resources & promising practices
- Establishing a coordinated hub of interpreters services
- Catalyst for innovative county-wide solutions

Key Stakeholders

■ ACCLAH Steering Committee

- Alameda County physicians
- Language access advocates
- Public Health Departments
- University of California, Berkeley
- CMS

■ ACCLAH Stakeholders

- Alameda County Board of Supervisors
- Physicians and medical groups
- Hospitals
- Health centers
- Health plans

ACCLAH Key Findings



- Low demand for & utilization of interpreter services
 - Inconvenience
 - Cost
 - Poor infrastructure
- Broad variation in language assistance service provision
- Greatest buy-in to address the problem are those who serve large LEP populations

ACCLAH Key Findings

- Physicians are not using medical interpreter services
 - 69.1% Patient's family member
 - 63.9% Bilingual office staff
 - 43.8% Provider's own language skills
- 71.5% of physicians confirm quality of care of their patients has been compromised because of language barriers.
- 88.8% of physicians report that language assistance is critical to their ability to provide quality health care.

MY TRIGGERS



☐ **Feathers**



☐ **Grass**



☐ **Pollen**



☐ **Pets**



☐ **Running**

Running
is
O.K.



Running
a lot
is
O.K.



Running
too much
is
NOT O.K.



☐ **Pollution**



☐ **Wind**



☐ **Foods**



☐ **Weeds**



☐ **Cold Weather**



☐ **Colds and
Infections**



☐ **Emotions**

very very
UPSET



very very
SCARED



very very
MAD



very very
EXCITED



☐ **Dust**



☐ **Other**

☐ **Smoke**
Cigarettes
Cigars



☐ **Leaves**



☐ **Molds**



Inhaled Steroids



Common names for inhaled steroids are:

- *QVAR*
- *Flovent*
- *Pulmicort*

Inhaled steroids help to make the airways less sensitive to asthma triggers.

Side Effects

Many people worry about the side-effects of inhaled steroids. They are, on the whole, safe when used as prescribed.

Taking inhaled steroids has fewer risks than not controlling asthma.

One side effect is getting a yeast infection in the mouth. You can prevent this by:

- **Using a spacer with the inhaler**
- **Always rinse out your mouth (rinse and spit) after using the inhaler.**

Questions about inhaled steroids

- *Is this the same steroid athletes use?*

No. The type of steroid that athletes may use to “bulk up” is not the same as the type used for asthma. In fact, inhaled steroids allow athletes with asthma to breathe easier in order to perform a sport.

- *Will inhaled steroids affect my child’s growth?*

This question is still being studied. What we do know is that asthma that is not controlled can slow a child’s growth rate.

- *Can my child become addicted to inhaled steroids?*

No. Inhaled steroids do not cause addiction. They must be used as prescribed in order to get the full benefit.

Why is Smoking Harmful?

Did you know that?



- Smoke can trigger an asthma attack. People with asthma have sensitive airways. Smoke irritates the airways. This irritation brings on an asthma attack.
- Second-hand smoke can trigger an asthma attack. It can also make an attack more severe. The smell of smoke on clothing and furniture can irritate the lungs of people with asthma.
- Smoke in the home increases the number of asthma attacks in children.
- Tobacco smoke contains harmful chemicals. People who live around cigarette smoke breathe the same chemicals in smoke that smokers do and they get some of the same diseases.
 - Several deadly poisons
 - Deadly disease provokers
 - Nail polish remover
 - Wood alcohol
 - Tooth dust
 - Housecleaner
- Family members who live with smokers may breathe as much second-hand smoke in one day as they would if they smoked 1-2 cigarettes themselves. Over 3,800 non-smokers die each year from lung cancer caused by second-hand smoke. Second-hand smoke is very bad for babies and children. Smoking takes 8 years off the life of the smoker and causes many types of health problems.

What you can do

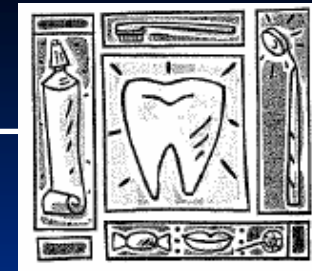
Quit Smoking

This is the most important thing that you can do for yourself and your family

- Talk to your medical provider about quitting
- Use medications for quitting, such as the nicotine patch or Zynon
- Get group, individual or telephone counseling

First Smiles:

Dental Health Begins at Birth



We invite you to a FREE Provider Educational Forum

Presented By

Sharine V. Thenard, DDS.MS

Pediatric Dental Practice, Alameda and Asst. Clinical Professor at UCSF

Jared I. Fine, DDS,MPH

Dental Health Administrator, Alameda County Public Health Department

Tuesday, March 27, 2007

6:00 PM to 8:30 PM

San Leandro Library

Educational Objectives:

1. What early childhood dental caries is and how to reverse it.
2. How to perform oral health assessment on infants and toddlers.
3. How to apply and bill for fluoride varnish.
4. Where to refer for dental treatment in Alameda County.

Alameda County Public Health Leadership Fellows Program

Introduction to Mentoring: A Training for Mentors

Presented by

*Center for Health Leadership and Practice
Public Health Institute*

Purpose of the Mentoring Component of the Leadership Fellows Program

Mentoring Component defined:

This Mentoring Component is a formalized program designed to create unique opportunities for emerging leaders in Alameda County Public Health Department to:

- learn more about the culture and the workings of the organization
- develop and hone existing leadership skills thru an Individual Development Plan
- enhance professional network
- seek career advice from a more senior manager

Opportunities

- Childhood Obesity
- Diabetes
- Asthma
- CHF
- Adult immunizations
- HEDIS
- Home Visits
- POLICY
- COMMUNITY ORGANIZING

Summary:

Public Health & Managed Care

- Public Health brings a wealth of assets to the table – educate MCO's:
 - Contributions to MCO members
- Approach to MCO's: best private business
 - Develop Business plan (project, outcomes)
 - Emphasize ROI features (quality, material)
 - Leverage funding opportunities
 - Aim for small successes
- Execution and follow up remain key